



## Missouri Pharmacy Program – Preferred Drug List



***Beta Adrenergic Agents – Long Acting:  
Effective 11/10/1004***

### **Preferred Agents**

Serevent Diskus®

### **Non-Preferred Agents**

Foradil®

Serevent®

### **Approval Criteria**

- Failure to achieve desired therapeutic outcomes with trial on 1 preferred agent
- Documented ADE/ADR to preferred agents.
- Documented compliance on current therapy regimen.

### **Denial Criteria**

- Lack of adequate trial on required preferred agent.
- Therapy will be denied if no approval criteria are met.
- Drug Prior Authorization Hotline: (800)392-8030.